

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
 CAMPAIGN DISCLOSURE BOARD

2013 JAN -7 AM 11:16

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Nelson

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
 (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
 Karl A Nelson

Political Party (if applicable)
 Democrat

Office Sought
 Butler County Supervisor

District (if Senate or House)
 One

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>19063</u>	
Logged In <u>TA</u>	
Scanned <u>TA</u>	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Karl A. Nelson
 SIGNATURE OF PERSON FILING REPORT

319-885-4841
 TELEPHONE

1-7-2013
 DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
 which Election is held
Butler

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

0.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 0.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 819.52

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Nelson

Reset Form

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/12/2012	Karl Nelson P.O Box 215 Shell Rock, IA 50670	self	Signs	\$ 184.02	<input type="checkbox"/>
6/29/2012	Karl Nelson P.O Box 215 Shell Rock, IA 50670	self	Float Materials	35.45	<input type="checkbox"/>
7/2/2012	Karl Nelson P.O Box 215 Shell Rock, IA 50670	self	Newspaper Ad	32.50	<input type="checkbox"/>
8/24/2012	Karl Nelson P.O Box 215 Shell Rock, IA 50670	self	Pens Down Payment	195.00	<input type="checkbox"/>
9/20/2012	Karl Nelson P.O Box 215 Shell Rock, IA 50670	self	Pens Balance Due	195.55	<input type="checkbox"/>
12/26/2012	Karl Nelson P.O Box 215 Shell Rock, IA 50670	self	Newspaper Ad	177.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 819.52	
TOTAL (if last page of this schedule)				\$ 819.52	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule E)